

REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
010X	All Inclusive Rate				
0	All-Inclusive Room & Board plus Ancillary	L	N	NA	MAA Approved Long Term Acute Care Providers Only.
1	All-Inclusive Room & Board	N	N	NA	
011X	Room & Board - Private				
0	General Classification	SP	N	NA	
1	Medical/Surgical/Gyn	SP	N	NA	
2	OB	SP	N	NA	
3	Pediatric	SP	N	NA	
4	Psychiatric	L/SP	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only.
5	Hospice	N	N	NA	
6	Detoxification	N	N	NA	
7	Oncology	SP	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
012X	Room & Board - Semi-Private 2 Bed				
0	General Classification	Y	N	NA	
1	Medical/Surgical/Gyn	Y	N	NA	
2	OB	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	DASA Providers Only.
7	Oncology	Y	N	NA	
8	Rehabilitation	L	N	NA	MAA approved Acute Physical Medicine & Rehabilitation Providers Only.
9	Other	L	N	NA	Chemically-Using Pregnant (CUP) Women's Program, DASA/MAA Approved Providers Only.
Note: Please see Grid Legend on page E22.					

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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
013X	Room & Board - Semi-Private 3-4 Beds				
0	General Classification	Y	N	NA	
1	Medical/Surgical/Gyn	Y	N	NA	
2	OB	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	DASA Providers Only
7	Oncology	Y	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
014X	Room & Board - Private (Deluxe)				
0	General Classification	SP	N	NA	
1	Medical/Surgical/Gyn	SP	N	NA	
2	OB	SP	N	NA	
3	Pediatric	SP	N	NA	
4	Psychiatric	L/SP	N	NA	Distinct Psychiatric Units & Freestanding Psychiatric Hospitals Only
5	Hospice	N	N	NA	
6	Detoxification	N	N	NA	
7	Oncology	SP	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
015X	Room & Board - Ward				
0	General Classification	L	N	NA	Military Hospitals Only.
1	Medical/Surgical/Gyn	N	N	NA	
2	OB	N	N	NA	
3	Pediatric	N	N	NA	
4	Psychiatric	N	N	NA	
5	Hospice	N	N	NA	
6	Detoxification	L	N	NA	DASA Providers Only.
7	Oncology	N	N	NA	
8	Rehabilitation	N	N	NA	
9	Other	N	N	NA	
016X	Room & Board - Other				
0	General Classification	L	N	NA	Military Hospitals for Subsistence Only.
4	Sterile Environment	N	N	NA	
7	Self Care	N	N	NA	
9	Other	L	N	NA	Administrative Days - paid at state-wide weighted average nursing home rate.
017X	Nursery				
0	General Classification	Y	N	NA	
1	Newborn - Level I	Y	N	NA	
2	Newborn - Level II	Y	N	NA	
3	Newborn- Level III	Y	N	NA	
4	Newborn - Level IV	Y	N	NA	
9	Other Nursery	N	N	NA	
018X	Leave of Absence				
0	General Classification	N	N	NA	
1	RESERVED	NA	NA	NA	
2	Patient Convenience	N	N	NA	
3	Therapeutic Leave	N	N	NA	
4	RESERVED	NA	NA	NA	
5	Hospitalization	N	N	NA	
9	Other Leave of Absence	N	N	NA	
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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
019X	Subacute Care				
0	General Classification	N	N	NA	
1	Subacute Care - Level I	N	N	NA	
2	Subacute Care - Level II	N	N	NA	
3	Subacute Care - Level III	N	N	NA	
4	Subacute Care - Level IV	N	N	NA	
9	Other Subacute Care	N	N	NA	
020X	Intensive Care				
0	General Classification	Y	N	NA	
1	Surgical	Y	N	NA	
2	Medical	Y	N	NA	
3	Pediatric	Y	N	NA	
4	Psychiatric	L	N	NA	Medicare Certified Psychiatric Intensive Care Units
6	Intermediate ICU	Y	N	NA	
7	Burn Care	Y	N	NA	
8	Trauma	Y	N	NA	
9	Other Intensive Care	N	N	NA	
021X	Coronary Care				
0	General Classification	Y	N	NA	
1	Myocardial Infarction	Y	N	NA	
2	Pulmonary Care	Y	N	NA	
3	Heart Transplant	L	N	NA	MAA Approved Centers of Excellence
4	Intermediate CCU	Y	N	NA	
9	Other Coronary Care	N	N	NA	
022X	Special Charges				
0	General Classification	N	N	NA	
1	Admission Charge	N	N	NA	
2	Technical Support Charge	N	N	NA	
3	U.R. Service Charge	N	N	NA	
4	Late Discharge, Medically Necessary	N	N	NA	
9	Other Special Charges	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
023X	Incremental Nursing Charge Rate				
0	General Classification	N	N	NA	
1	Nursery	N	N	NA	
2	OB	N	N	NA	
3	ICU	N	N	NA	
4	CCU	N	N	NA	
5	Hospice	N	N	NA	
9	Other	N	N	NA	
024X	All Inclusive Ancillary				
0	General Classification	N	N	NA	
1	Basic	N	N	NA	
2	Comprehensive	N	N	NA	
3	Specialty	N	N	NA	
9	Other All Inclusive Ancillary	N	N	NA	
025X	Pharmacy (also see 063X, an extension of 025X)				
0	General Classification	Y	R	NR	
1	Generic Drugs	Y	R	NR	
2	Non-generic Drugs	Y	R	NR	
3	Take Home Drugs	N	N	NA	
4	Drugs Incident to Other Diagnostic Services	Y	R	NR	
5	Drugs Incident to Radiology	Y	R	NR	
6	Experimental Drugs	N	N	NA	
7	Non-prescription	Y	R	NR	
8	IV Solutions	Y	R	NR	
9	Other Pharmacy	N	N	NA	
026X	IV Therapy				
0	General Classification	Y	R	REQ	
1	Infusion Pump	Y	R	REQ	
2	IV Therapy/Pharmacy Svcs	Y	R	REQ	
3	IV Therapy/Drug/Supply Delivery	Y	R	REQ	
4	IV Therapy/Supplies	Y	R	NR	
9	Other IV Therapy	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
027X	Medical/Surgical Supplies & Devices (also see 062X, an extension of 027X)				
0	General Classification	Y	R	NR	
1	Non-Sterile Supply	Y	R	NR	
2	Sterile Supply	Y	R	NR	
3	Take Home Supplies	N	N	NA	
4	Prosthetic/Orthotic Devices	N	N	REQ	
5	Pacemaker	Y	R	NR	
6	Intraocular Lens	Y	R	NR	
7	Oxygen - Take Home	N	N	NA	
8	Other Implant	Y	R	NR	
9	Other Supplies/Devices	N	R	REQ	Not reimbursed if HCPCS begins with "L" or is a misc code.
028X	Oncology				
0	General Classification	Y	R	REQ	
9	Other Oncology	N	N	NA	
029X	Durable Medical Equipment (Other Than Renal)				
0	General Classification	N	R	REQ	
1	Rental	N	N	NA	
2	Purchase of New DME	N	N	NA	
3	Purchase of Used DME	N	N	NA	
4	Supplies/Drugs for DME Effectiveness (Home Health Agency only)	N	N	NA	
9	Other Equipment	N	N	NA	
030X	Laboratory				
0	General Classification	Y	F	REQ	
1	Chemistry	Y	F	REQ	
2	Immunology	Y	F	REQ	
3	Renal Patient (Home)	N	F	REQ	
4	Non-Routine Dialysis	Y	F	REQ	
5	Hematology	Y	F	REQ	
6	Bacteriology & Microbiology	Y	F	REQ	
7	Urology	Y	F	REQ	
9	Other Laboratory	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
031X	Laboratory - Pathological				
0	General Classification	Y	F	REQ	
1	Cytology	Y	F	REQ	
2	Histology	Y	F	REQ	
4	Biopsy	Y	F	REQ	
9	Other Laboratory Pathological	N	N	NA	
032X	Radiology - Diagnostic				
0	General Classification	Y	F	REQ	
1	Angiocardiology	Y	F	REQ	
2	Arthrography	Y	F	REQ	
3	Arteriography	Y	F	REQ	
4	Chest X-Ray	Y	F	REQ	
9	Other Radiology - Diagnostic	N	N	NA	
033X	Radiology - Therapeutic and/or Chemotherapy Administration				
0	General Classification	Y	F	REQ	
1	Chemotherapy Administration - Injected	Y	R	REQ	
2	Chemotherapy Administration - Oral	Y	R	REQ	
3	Radiation Therapy	Y	F	REQ	
5	Chemotherapy Administration - IV	Y	R	REQ	
9	Other Radiology - Therapeutic	N	N	NA	
034X	Nuclear Medicine				
0	General Classification	Y	F	REQ	
1	Diagnostic Procedures	Y	F	REQ	
2	Therapeutic Procedures	Y	F	REQ	
3	Diagnostic Radiopharmaceuticals	Y	F	REQ	
4	Therapeutic Radiopharmaceuticals	Y	F	REQ	
9	Other Nuclear Medicine	N	N	NA	
035X	CT Scan				
0	General Classification	Y	F	REQ	
1	Head Scan	Y	F	REQ	
2	Body Scan	Y	F	REQ	
9	Other CT Scan	N	N	NA	
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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
036X	Operating Room Services				
0	General Classification	Y	R	REQ	
1	Minor Surgery	Y	R	REQ	
2	Organ Transplant - Other Than Kidney	L	N	NA	MAA Approved Centers of Excellence
7	Kidney Transplant	L	N	NA	MAA Approved Centers of Excellence
9	Other Operating Room Services	N	N	NA	
037X	Anesthesia				
0	General Classification	Y	R	NR	
1	Anesthesia Incident to Radiology	Y	R	NR	
2	Anesthesia Incident to Other Diagnostic Services	Y	R	NR	
4	Acupuncture	N	N	NA	
9	Other Anesthesia	N	N	NA	
038X	Blood				
0	General Classification	N	N	NA	
1	Packed Red Cells	N	N	NA	
2	Whole Blood	N	N	NA	
3	Plasma	N	N	NA	
4	Platelets	N	N	NA	
5	Leucocytes	N	N	NA	
6	Other Components	N	N	NA	
7	Other Derivatives (Cryoprecipitates)	N	N	NA	
9	Other Blood	N	N	NA	
039X	Blood and Blood Component Administration, Processing & Storage				
0	General Classification	Y	R	REQ	
1	Administration (e.g., transfusions)	Y	R	REQ	
9	Other Processing and Storage	N	N	NA	
040X	Other Imaging Services				
0	General Classification	Y	F	REQ	
1	Diagnostic Mammography	Y	F	REQ	
2	Ultrasound	Y	F	REQ	
3	Screening Mammography	N	F	REQ	
4	Positron Emission Tomography	Y	F	REQ	
9	Other Imaging Services	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
041X	Respiratory Services				
0	General Classification	Y	R	REQ	
2	Inhalation Services	Y	R	REQ	
3	Hyperbaric Oxygen Therapy	Y	R	REQ	
9	Other Respiratory Services	N	N	NA	
042X	Physical Therapy				
0	General Classification	Y	F	REQ	
1	Visit Charge	Y	F	REQ	
2	Hourly Charge	Y	F	REQ	
3	Group Rate	Y	F	REQ	
4	Evaluation or Re-evaluation	Y	F	REQ	
9	Other Physical Therapy	N	N	NA	
043X	Occupational Therapy				
0	General Classification	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
1	Visit Charge	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
2	Hourly Charge	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
3	Group Rate	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
4	Evaluation or Re-evaluation	LD	F	REQ	LD if client is 21 yrs of age or older and not in Acute Physical Medicine & Rehabilitation
9	Other Occupational Therapy	N	N	NA	
Note: Please see Diagnosis List for Occupational Therapy on page E23.					
044X	Speech-Language Pathology				
0	General Classification	Y	F	REQ	
1	Visit Charge	Y	F	REQ	
2	Hourly Charge	Y	F	REQ	
3	Group Rate	Y	F	REQ	
4	Evaluation or Re-evaluation	Y	F	REQ	
9	Other Speech-Language Pathology	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
045X	Emergency Room				
0	General Classification	Y	R	REQ	
1	EMTALA Emergency Medical Screening Svcs	N	N	NA	
2	ER Beyond EMTALA Screening	N	N	NA	
6	Urgent Care	Y	R	REQ	
9	Other Emergency Room	N	N	NA	
046X	Pulmonary Function				
0	General Classification	Y	R	REQ	
9	Other Pulmonary Function	N	N	NA	
047X	Audiology				
0	General Classification	N	F	REQ	
1	Diagnostic	N	F	REQ	
2	Treatment	N	F	REQ	
9	Other Audiology	N	N	NA	
048X	Cardiology				
0	General Classification	Y	R	REQ	
1	Cardiac Cath Lab	Y	R	REQ	
2	Stress Test	Y	F	REQ	
3	Echocardiology	Y	F	REQ	
9	Other Cardiology	N	N	NA	
049X	Ambulatory Surgical Care				
0	General Classification	Y	R	REQ	
9	Other Ambulatory Surgical Care	N	N	NA	
050X	Outpatient Services				
0	General Classification	Y	N	NA	Noncovered for date of service on or after 12/1/04
9	Other Outpatient Service	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
051X	Clinic				
0	General Classification	N	L/O	REQ	MAA OPPTS Providers only.
1	Chronic Pain Center	L	N	NA	MAA Approved Inpatient Pain Programs
2	Dental Clinic	N	L/O	REQ	MAA OPPTS Providers only
3	Psychiatric Clinic	N	N	NA	
4	OB-GYN Clinic	N	N	NA	
5	Pediatric Clinic	N	N	NA	
6	Urgent Care Clinic	N	N	NA	
7	Family Practice Clinic	N	N	NA	
9	Other Clinic	N	L/O	REQ	MAA OPPTS Providers only.
052X	Free-Standing Clinic				
0	General Classification	N	N	NA	
1	Rural Health - Clinic	N	N	NA	
2	Rural Health - Home	N	N	NA	
3	Family Practice Clinic	N	N	NA	
6	Urgent Care Clinic	N	N	NA	
9	Other Free-Standing Clinic	N	N	NA	
053X	Osteopathic Services				
0	General Classification	N	N	NA	
1	Osteopathic Therapy	N	N	NA	
9	Other Osteopathic Services	N	N	NA	
054X	Ambulance				
0	General Classification	N	N	NA	
1	Supplies	N	N	NA	
2	Medical Transport	N	N	NA	
3	Heart Mobile	N	N	NA	
4	Oxygen	N	N	NA	
5	Air Ambulance	N	N	NA	
6	Neonatal Ambulance Services	L	N	NA	MAA Approved Neonatal Transport Teams.
7	Pharmacy	N	N	NA	
8	Telephone Transmission EKG	N	N	NA	
9	Other Ambulance	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
055X	Skilled Nursing				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
9	Other Skilled Nursing	N	N	NA	
056X	Medical Social Services				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
9	Other Medical Social Services	N	N	NA	
057X	Home Health - Home Health Aide				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
9	Other Home Health Aide	N	N	NA	
058X	Home Health - Other Visits				
0	General Classification	N	N	NA	
1	Visit Charge	N	N	NA	
2	Hourly Charge	N	N	NA	
3	Assessment	N	N	NA	
9	Other Home Health Visit	N	N	NA	
059X	Home Health - Units of Service				
0	General Classification	N	N	NA	
9	Home Health Other Units	N	N	NA	
060X	Home Health - Oxygen				
0	General Classification	N	N	NA	
1	Oxygen - State/Equip/Suppl/or Cont	N	N	NA	
2	Oxygen - State/Equip/Suppl/Under 1 LPM	N	N	NA	
3	Oxygen - State/Equip/Over 4 LPM	N	N	NA	
4	Oxygen - Portable Add-on	N	N	NA	
9	Other Oxygen	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
061X	Magnetic Resonance Technology (MRT)				
0	General Classification	Y	F	REQ	
1	MRI - Brain (Including Brainstem)	Y	F	REQ	
2	MRI - Spinal Cord (Including Spine)	Y	F	REQ	
3	RESERVED	NA	NA	NA	
4	MRI - Other	Y	F	REQ	
5	MRA - Head and Neck	Y	F	REQ	
6	MRA - Lower Extremities	Y	F	REQ	
7	RESERVED	NA	NA	NA	
8	MRA - Other	Y	F	REQ	
9	Other MRT	N	N	NA	
062X	Medical/Surgical Supplies - Extension of 027X				
1	Supplies Incident to Radiology	Y	F	REQ	
2	Supplies Incident to Other Diagnostic Services	Y	F	REQ	
3	Surgical Dressings	Y	R	NR	
4	FDA Investigational Devices	N	N	NA	
063X	Pharmacy - Extension of 025X				
0	RESERVED	NA	NA	NA	
1	Single Source Drug	Y	R	REQ	
2	Multiple Source Drug	Y	R	REQ	
3	Restrictive Prescription	Y	R	REQ	
4	Erythropoietin (EPO) less than 10,000 units	Y	R	REQ	
5	Erythropoietin (EPO) 10,000 or more units	Y	R	REQ	
6	Drugs Requiring Detailed Coding	Y	R	REQ	
7	Self-administrable Drugs	Y	R	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
064X	Home IV Therapy Services				
0	General Classification	N	N	NA	
1	Non-Routine Nursing, Central Line	N	N	NA	
2	IV Site Care, Central Line	N	N	NA	
3	IV Start/Change, Pheripheral Line	N	N	NA	
4	Non-Routine Nursing, Peripheral Line	N	N	NA	
5	Training, Patient/Caregiver, Central Line	N	N	NA	
6	Training, Disabled Patient, Central Line	N	N	NA	
7	Training, Patient/Caregiver, Peripheral Line	N	N	NA	
8	Training, Disabled Patient, Peripheral Line	N	N	NA	
9	Other IV Therapy Services	N	N	NA	
065X	Hospice Services				
0	General Classification	N	N	NA	
1	Routine Home Care	N	N	NA	
2	Continuous Home Care	N	N	NA	
3	RESERVED	NA	NA	NA	
4	RESERVED	NA	NA	NA	
5	Inpatient Respite Care	N	N	NA	
6	General Inpatient Care (Non-Respite)	N	N	NA	
7	Physician Services	N	N	NA	
8	Hospice Room & Board - Nursing Facility	N	N	NA	
9	Other Hospice Services	N	N	NA	
066X	Respite Care				
0	General Classification	N	N	NA	
1	Hourly Charge/Nursing	N	N	NA	
2	Hourly Charge/Aide/Homemaker/Companion	N	N	NA	
3	Daily Respite Charge	N	N	NA	
9	Other Respite Care	N	N	NA	
067X	Outpatient Special Residence Charges				
0	General Classification	N	N	NA	
1	Hospital Based	N	N	NA	
2	Contracted	N	N	NA	
9	Other Special Residence Charge	N	N	NA	
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REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
068X	Trauma Response				
0	NOT USED	NA	NA	NA	
1	Level I	N	N	NA	
2	Level II	N	N	NA	
3	Level III	N	N	NA	
4	Level IV	N	N	NA	
9	Other Trauma Response	N	N	NA	
069X	Not Assigned				
070X	Cast Room				
0	General Classification	Y	R	NR	
9	Other Cast Room	N	N	NA	
071X	Recovery Room				
0	General Classification	Y	R	NR	
9	Other Recovery Room	N	N	NA	
072X	Labor Room/Delivery				
0	General Classification	Y	R	REQ	
1	Labor	Y	R	REQ	
2	Delivery	Y	R	REQ	
3	Circumcision	N	N	NA	
4	Birthing Center	Y	R	REQ	
9	Other Labor Room/Delivery	N	N	NA	
073X	EKG/ECG (Electrocardiogram)				
0	General Classification	Y	F	REQ	
1	Holter Monitor	Y	F	REQ	
2	Telemetry	Y	F	REQ	
9	Other EKG/ECG	N	N	NA	
074X	EEG (Electroencephalogram)				
0	General Classification	Y	F	REQ	
9	Other EEG	N	N	NA	
075X	Gastro-Intestinal Services				
0	General Classification	Y	R	REQ	
9	Other Gastro-Intestinal	N	N	NA	
Note: Please see Grid Legend on page E22.					

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
076X	Treatment/Observation Room				
0	General Classification	*Y	N	NA	Non-covered for date of service on or after 12/1/04. * = units must represent hours of service
1	Treatment Room	*Y	R	REQ	* = units must represent hours of service
2	Observation Room	*Y	R	REQ	* = units must represent hours of service
9	Other Treatment/Observation Room	N	N	NA	
077X	Preventive Care Services				
0	General Classification	N	N	NA	
1	Vaccine Administration	N	N	NA	
9	Other Preventive Care Services	N	N	NA	
078X	Telemedicine				
0	General Classification	N	N	NA	
9	Other Telemedicine	N	F	REQ	
079X	Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)				
0	General Classification	Y	R	REQ	
9	Other ESWT	N	N	NA	
080X	Inpatient Renal Dialysis				
0	General Classification	Y	NA	NA	
1	Inpatient Hemodialysis	Y	NA	NA	
2	Inpatient Peritoneal (Non-CAPD)	Y	NA	NA	
3	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	Y	NA	NA	
4	Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	Y	NA	NA	
9	Other Inpatient Dialysis	N	NA	NA	
081X	Acquisition of Body Components				
0	General Classification	Y	R	REQ	
1	Living Donor	Y	R	REQ	
2	Cadaver Donor	Y	R	REQ	
3	Unknown Donor	N	N	NA	
4	Unsuccessful Organ Search - Donor Bank Charges	N	N	NA	
9	Other Donor	N	N	NA	
Note: Please see Grid Legend on page E22.					

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
082X	Hemodialysis - Outpatient or Home				
0	General Classification	N	R	REQ	
1	Hemodialysis/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
9	Other Outpatient Hemodialysis (Home)	N	N	NA	
083X	Peritoneal Dialysis - Outpatient or Home				
0	General Classification	N	R	REQ	
1	Peritoneal /Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
9	Other Outpatient Peritoneal Dialysis (Home)	N	N	NA	
084X	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home				
0	General Classification	N	R	REQ	
1	CAPD/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100% (Home)	N	N	NA	
5	Support Services (Home)	N	N	NA	
9	Other Outpatient CAPD (Home)	N	N	NA	
085X	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home				
0	General Classification	N	R	REQ	
1	CCPD/Composite or Other Rate	N	N	NA	
2	Home Supplies	N	N	NA	
3	Home Equipment	N	N	NA	
4	Maintenance/100%	N	N	NA	
5	Support Services	N	N	NA	
9	Other Outpatient CCPD	N	N	NA	
086X	Reserved for Dialysis (National Assignment)	NA	NA	NA	
087X	Reserved for Dialysis (National Assignment)	NA	NA	NA	
Note: Please see Grid Legend on page E22.					

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
088X	Miscellaneous Dialysis				
0	General Classification	N	R	REQ	
1	Ultrafiltration	Y	R	REQ	
2	Home Dialysis Aid Visit	N	N	NA	
9	Other Miscellaneous Dialysis	N	N	NA	
090X	Behavioral Health Treatments/Services - (also see 091X)				
0	General Classification	N	N	NA	
1	Electroshock Treatment	L	R	REQ	Distinct Psychiatric Units & Free Standing Psychiatric Hospitals only.
2	Milieu Therapy	N	N	NA	
3	Play Therapy	N	N	NA	
4	Activity Therapy	N	N	NA	
5	Intensive Outpatient Services - Psychiatric	N	N	NA	
6	Intensive Outpatient Services - Chemical Dependency	N	N	NA	
7	Community Behavioral Health Program (Day Treatment)	N	N	NA	
8	Reserved for National Use	N	N	NA	
9	Reserved for National Use	N	N	NA	
Note: Please see Grid Legend on page E22.					

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
091X	Behavioral Health Treatment/Services -(Extension of 090X)				
0	Reserved for National Use	N	N	NA	
1	Rehabilitation	L	N	NA	Limited to MAA approved Acute Physical Medicine & Rehabilitation providers
2	Partial Hospitalization - Less Intensive	N	N	NA	
3	Partial Hospitalization - Intensive	N	N	NA	
4	Individual Therapy	N	N	NA	
5	Group Therapy	N	N	NA	
6	Family Therapy	N	N	NA	
7	Bio Feedback	N	N	NA	
8	Testing	N	N	NA	
9	Other Behavioral Health Treatment/Services	N	N	NA	
092X	Other Diagnostic Services				
0	General Classification	Y	F	REQ	
1	Peripheral Vascular Lab	Y	F	REQ	
2	Electromyelogram	Y	F	REQ	
3	Pap Smear	N	F	REQ	
4	Allergy Test	N	N	NA	
5	Pregnancy Test	Y	F	REQ	
9	Other Diagnostic Service	N	N	NA	
093X	Medical Rehabilitation Day Program				
1	Half Day	N	N	NA	
2	Full Day	N	N	NA	
094X	Other Therapeutic Services - (Also see 095X)				
0	General Classification	Y	F	REQ	
1	Recreational Therapy	N	N	NA	
2	Education/Training (<i>Diabetic Education</i>)	N	L/C	NR	Dept. of Health approved diabetic education providers only
3	Cardiac Rehabilitation	N	N	NA	
4	Drug Rehabilitation	N	N	NA	
5	Alcohol Rehabilitation	N	N	NA	
6	Complex Medical Equipment - Routine	N	N	NA	
7	Complex Medical Equipment - Ancillary	N	N	NA	
9	Other Therapeutic Services	N	L/R	REQ	MAA Approved Weight Loss Providers
Note: Please see Grid Legend on page E22.					

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
095X	Other Therapeutic Services-Extension of 094X				
0	RESERVED	NA	NA	NA	
1	Athletic Training	N	N	NA	
2	Kinesiotherapy	N	N	NA	
096X	Professional Fees (also see 097X and 098X)				
0	General Classification	N	N	NA	
1	Psychiatric	N	N	NA	
2	Ophthalmology	N	N	NA	
3	Anesthesiologist (MD)	N	N	NA	
4	Anesthetist (CRNA)	N	N	NA	
9	Other Professional Fee	N	N	NA	
097X	Professional Fees (Extension of 096X)				
1	Laboratory	N	N	NA	
2	Radiology - Diagnostic	N	N	NA	
3	Radiology - Therapeutic	N	N	NA	
4	Radiology - Nuclear Medicine	N	N	NA	
5	Operating Room	N	N	NA	
6	Respiratory Therapy	N	N	NA	
7	Physical Therapy	N	N	NA	
8	Occupational Therapy	N	N	NA	
9	Speech Pathology	N	N	NA	
098X	Professional Fees (Extension of 096X and 097X)				
1	Emergency Room	N	N	NA	
2	Outpatient Services	N	N	NA	
3	Clinic	N	N	NA	
4	Medical Social Services	N	N	NA	
5	EKG	N	N	NA	
6	EEG	N	N	NA	
7	Hospital Visit	N	N	NA	
8	Consultation	N	N	NA	
9	Private Duty Nurse	N	N	NA	
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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
099X	Patient Convenience Items				
0	General Classification	N	N	NA	
1	Cafeteria/Guest Tray	N	N	NA	
2	Private Linen Service	N	N	NA	
3	Telephone/Telegraph	N	N	NA	
4	TV/Radio	N	N	NA	
5	Nonpatient Room Rentals	N	N	NA	
6	Late Discharge Charge	N	N	NA	
7	Admission Kits	N	N	NA	
8	Beauty Shop/Barber	N	N	NA	
9	Other Patient Convenience Items	N	N	NA	
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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
Grid Abbreviations					
DASA	= Division of Alcohol and Substance Abuse				
IP	= Inpatient Hospital				
MAA	= Medical Assistance Administration				
OP	= Outpatient Hospital				
OPPS	= Outpatient Prospective Payment System				
PROC	= Procedure code				
REV	= Revenue Code				
Grid Legend					
F	= Services routinely reimbursed using MAA's outpatient hospital fee schedule. Exception: OPPS and Critical Access Hospitals. Please note: Revenue codes are still required on the claim line.				
L	= Limited to providers approved by the department to perform specific services				
LD	= limited by diagnoses, refer to list on page E23				
L/C	= Limited to providers approved by the department of health and paid according to contract.				
L/O	= Limited to OPPS Providers				
N	= Not covered by MAA				
NA	= Not applicable				
NR	= CPT/HCPCS not required				
R	= Service routinely reimbursed using MAA's outpatient hospital rate. Exception: OPPS and Critical Access Hospitals				
REQ	= Required				
SP	= Paid at semi-private room rate				
Y	= Services routinely covered				

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

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REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS

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